**Human Rights Council Social Forum**

**The Way Forward**

**Remarks by Michaela Clayton, Director, AIDS and Rights Alliance for Southern Africa**

**Challenges**

* Inequality, stigma, discrimination and other human rights challenges continue to be serious barriers – over the past three days we have heard far too many examples stigma and discrimination not only on the basis of HIV status but also on the basis of sexual orientation and gender identity, gender and social and economic status. Inequality, S&D continues to determine both vulnerability to and the health outcomes of people living with HIV, TB, ebola and other communicable and non-communicable disease. Common between diseases- list of grounds for discrimination is long but it is important to name these grounds in the context of each health condition. One thing we have learnt from HIV is how difficult it is to get governments to name populations who are most affected.

*‘As people living with HIV, we exist at the intersection of a health condition and social prejudice. All too often, it is the social prejudice rather than the health condition that shapes our lives and even kills us’. (Laurel Sprague – GNP+).*

* Health is shaped by power imbalances and inequalities – between north and south, developed and developing countries, governments and the people, corporates and people and between people themselves.
* Political will – courage of politicians to take unpopular decisions – preference for taking the safer route of relying on traditional, religious and cultural values of their electorates as an excuse for failing to make these bold decisions.
* Shrinking civil society space – restrictive laws that govern NGO registration; reprisals against human rights defenders.
* Shrinking funding for health and human rights – divisive effect – competition for ever reducing pot of money negatively impacts of CS cohesiveness and solidarity.
* Impact of conflict - how vulnerable the right to health becomes when human rights are crushed in conflict. Medical centres and other sites specifically protected under international humanitarian law have been repeatedly, and in some cases it would appear deliberately, attacked across the countries. Illegal sieges, blockades and restrictions on movement have further weakened people's capacity to provide for themselves and their families, and their ability to access essential care. (UN High Commissioner for Human Rights and ICRC)

**Good practice**

* African Commission on Human and People’s Rights – establishment of Committee for the Protection of the Rights of People living with HIV and Those at Risk, Vulnerable to and Affected by **HIV**  – protect and promote rights of people living with HIV – conducts fact finding missions to investigate human rights violations – report to head of state; also engage with states through review of periodical reports very 2 years and interrogate budgets.
* Practical solutions at national levels- Portugal (Ricardo Leite) – impact of decriminalisation of drug use – reduction in drug use, new HIV infections and crime. Addressing health of health care systems – change focus from number of procedures and hospital visits to patient health outcomes.
* Leadership of those affected and key populations - Spain – government funded harm and risk reduction programmes run by the community.
* Access to justice – role of law firms and other providers of legal services. Pro bono support, while it should never be a replacement for government funded legal services, can be an important partner in achieving systemic change for both the right to health and access to justice. Their support will be crucial in achieving law reform, empowering and supporting civil society at the domestic and international level, technical support to governments and the UN, and strengthening rule of law and the legal profession.
* Swaziland Migrant Miners Association – ex miners ensuring access to health and social security for migrant miners.

**The way forward**

* We need to stop talking and do something – time to act to address human rights barriers.
* Scaling up people centred programmes – community designed and led.
* Funding for human rights – both in government led programmes and community led programmes - Every speaker at this Forum – almost without exception – has recognised that respect for and realisation of all human rights is essential for the realisation of the right to health and that human rights should thus be at the centre of our response to HIV and TB for example. That recognition is however not shared by as many people as we would like. Challenging apartheid laws and representing people detained and tortured- no one asked us to show the impact of our work. There is no denying the realisation of the right to health is entirely dependent on the realisation of all other human rights. Just because we cannot often quantify in numbers the impact of our work within donor timeframes does not mean that there is no impact. But I pose the question as to why we are required to even show impact –is there not a moral imperative to protect and realise human rights.
* Removing barriers to civil society engagement, expanding civic space.
* Recognition of organizations working on health of marginalised populations as human rights defenders.
* Involvement of Ministries of Health not enough. Marginalised communities will not go to health services if they are scared of being arrested. To ensure access to health services for the most marginalised, involvement of Ministries of Justice, of Interior and of Security essential.
* OHCHR to become more instrumental in health issues - WHO to become more instrumental on human rights issues. Glad to see that some of this already happening.  ◊ Human rights issues should be discussed not only at the Human Rights Council but also at the World Health Assembly and other health forums. Report just launched by UNAIDS on discrimination in health care sector. This may be a good entry point to raise the issue of stigma and discrimination at the World Health Assembly and broaden the discussion within this body.
* Activists unite! – this has been an opportunity to look at the human rights issues that underlie all communicable diseases and epidemics, including the “forgotten” ones. It is clear that we need to work together to ensure that all the social, economic and legal determinants of health receive the attention and resources necessary to put an end to epidemics and achieve the SDGs.